

OPEN ACCESS DATA CALL RESULTS

10 Jul 02

	A	C	D	E	F	G
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2	Background: Results of open access appointing data call sent to the Services and Lead Agents to 1) Gather list of MTFs that have					
3	implemented/contemplating open access appointing, 2) obtain measure of success/not success, and 3) list of top three lessons learned					
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6	SERVICE FEEDBACK					
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8		SERVICE	SUCCESS?	LESSON #1	LESSON #2	LESSON #3
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10		AF	Yes	Can be successful template mngt tool, but not silver bullet for all access issues	Mult critical success factors, including leadership support, trained staff, clear def of goals and objs, sufficient clinical staff, provider champion, sufficient telephony, successful demand mngt program	Requires shifting clinic mngt focus to meeting needs/schedules of patients, rather than the staff
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12	LEAD AGENT/MTF FEEDBACK					
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14	REGION	MTF	SUCCESS?	LESSON #1	LESSON #2	LESSON #3
15	1	No Report				
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17						
18	2	Lead Agent Comments (summarizing Langley AFB, VA; Camp Lejuene, NC, and Portsmouth Naval Base, VA)	Unsure	Not being implemented in standardized fashion according to TMA guidelines	MTFs feel TMA guidance too prescriptive and avoiding necessary pre-work to ensure success	Additional open access training and education is required
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22	REGION	MTF	SUCCESS?	LESSON #1	LESSON #2	LESSON #3
23	3	Patrick AFB, FL	Yes	Must do appropriate internal/external marketing/education efforts for staff and patients	Use new providers/Reservists to help out	Empower staff to take care of patient -- they own the problem and the solution
24		MacDill AFB, FL (Brandon clinic - Proj - Sep 02)	Unk			
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26	4	Maxwell AFB, AL	Yes	Provider/tech support needs to be adequate	Provider satisfaction increased due to reduction of duty day	Patient satisfaction increased
27		NAS New Orleans	Yes	Use same day/routine ratios established by command that have already successfully implemented OA	Train MCSC booking agents on definitions of same day versus routine appts	Market change to patients better to move away from "walk in" process
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29	5	No MTFs using OA	N/A			
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31	6	Altus AFB, OK	Yes	Do the before and after surveys	Closely monitor empanelment; 1300 is more reasonable than 1500	Have provider backup plan for provider absences
32		Dyess AFB, TX	Yes	Nurse triage was not effective demand mngt tool	Need substitute provider plan to provide coverage	PCMBN is an essential aspect of OA
33		Goodfellow AFB, TX	No	Make sure everyone involved truly understands term of Open Access	Telephone system needs to handle volume of calls expected	Staffing to cover telephone calls
34		Sheppard AFB, TX	Yes	Requires dynamic scheduling	Give the PCO nurses 1 hour of provider appts to work in patients as needed.	Have a provider substitution plan; aggressively manage clinic TDY and leave schedule to ensure adequate staffing.

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38	REGION	MTF	SUCCESS?	LESSON #1	LESSON #2	LESSON #3
39	Central	Lead Agent (summarizing Grand Forks and FE Warren)	Yes	Provider and support staffing levels must be carefully monitored	Concept needs to be understood by the schedulers	Clinic needs to know the number of OA appts/provider/day that are needed to maintain access
40		Cannon AFB, NM				
41		Ellsworth AFB, SD	Yes	Close working relationship with MCSC that performs patient booking	Guidance to MCSC needs to be written and unambiguous	Interaction with MCSC needs to be funneled through single focal point
42		Hill AFB, UT	Yes	Lack of incentives similar to civilian financial incentives to see today's work today even if demand is high	Military unique reasons drive greater percentage of future booked appts than civilian model	More open access pre-education for staff and marketing for patients to grasp changes in appting system.
43		Holloman AFB, NM	Yes	Some patients need to schedule appts > same day for personal reasons	Providers need to be in clinic or some acutes may have to go to network	Public Affairs blitz to inform public of pros/cons, and how to use the OA appt system
44		Luke AFB, AZ				
45		Malmstrom AFB, MT	Yes	Advertise, advertise, advertise	Educate internal and external customers	Triage component needs to be in place to ensure optimal success
46		McConnell AFB, KS	Yes	Educate and get buy in from the staff	Consider modifying MCSC contract	Demand management workload has increased to meet population demands
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48	9	Los Angeles AFB, CA	Unknown	Good telephone system for phone statistics	Full provider staffing essential	Supportive nursing and administration staff
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50	10	Beale AFB, CA	Yes	Decrease "bad backlog" before public announcement of Open Access	Staff buy-in and ability for staff to explain OA in the same way	Telephone infrastructure in place and staffing to handle telephone calls
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54	REGION	MTF	SUCCESS?	LESSON #1	LESSON #2	LESSON #3
55		NAS Lemoore, CA	Yes	Get buy-in from providers and nurses	Be proactive in marketing change to patients/allow time for patients to adjust to new process	Patient flow must be managed by Clinic Manager and nursing staff
56		Mather AFB, CA	Yes	Plan at least 60 days before implementation (30 days for templates, 30 days for public education)	Educate all staff (admin, appt clerks, providers, nurses, and others)	Ability to change templates/schedules on regular basis to meet demand
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58	11	Fairchild AFB, WA				
59		Ft Lewis, WA	Yes	Provider and ancillary staff buy-in is a must	Matching appt schedules, patient needs, and availability of staff is constant challenge	Appropriate staff training and enforcement of new appointing business rules
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61	12	Hickam	No			
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63	13	Lead Agent Comments: Katterbach, Butzbach, Friedberg, Heidelberg, Landstuhl, Wurtzberg, Hanua, Schweinfurt, Baumholder, and Ramstein AB, Germany; SHAPE, Belguim; Aviano AB, Italy; Rota, Spain	Yes	Inconsistent supply of providers can be a big challenge, especially during summer under lap	Upper level leadership is very important; physician leadership/buy in is critical	Training in Open Access principles, teamwork, and communication; a systematic implementation; and easy access to necessary data all contribute to success

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64		Keflavik, Iceland	Yes	Allow generous "good backlog" for OB and shift workers	Put in place a solid plan of action, then just do it	Do not advertise OA until actually in place (set yourself up for poor satisfaction numbers).
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69	REGION	MTF	SUCCESS?	LESSON #1	LESSON #2	LESSON #3
70		Naples, Italy	No	Adopted one appt type for entire facility to improve access, but some patients do not get same day appt when requested		
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72		Sigonella, Italy	Yes	Need PCMs on board and in clinic at least 80% of their time to maintain PCMBN	Some providers believe OA encourages patients to overuse the system	There is not a clear correlation in appt demand before and after implementation.
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74	14	Okinawa, Japan	Yes	Primary care clinics not doing OA sending patient to OB/Gyn Clinic attempting OA	When PCMs not available, pregnant patients sent to OB Clinic for routine OB care	Simplification and streamlining of appting process for appt clerks

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Cell: C10

Comment: Mark Ellis:
Lt Col (Dr.) Friedrichs

Cell: C29

Comment: Mark Ellis:
Col Kinder

Cell: C32

Comment: Mark Ellis:
Maj Kennedy

Cell: C43

Comment: Mark Ellis:
Lt Col Mann

Cell: C45

Comment: Mark Ellis:
Lt Col Sasser

Cell: C46

Comment: Mark Ellis:
Diana Diaz

Cell: D74

Comment: Mark Ellis:
CDR Salisbury